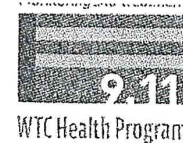


Exhibit B

WTC Health Program
PO Box 7002
Rensselaer, NY 12144



Mary Reynolds
4193 Hylan Blvd 2nd Floor
Staten Island, NY 10308

Re: 911S09322

11/14/2014

Dear **Mary Reynolds:**

I am pleased to inform you that after reviewing medical information provided by the Health and Hospitals Corporation (HHC), the World Trade Center (WTC) Health Program has certified the following health condition(s) as covered for treatment benefits:

Date of Certification	Condition Category on List of WTC-Related Health Conditions*	Certification Category or Injury
09/20/2014	Cancer	Disseminated Malignant Neoplasm
09/20/2014	Cancer	Other Malignant Neoplasm Of Unspecified Site

* As listed in the James Zadroga 9/11 Health and Compensation Act of 2010 and/or 42 C.F.R. § 88.1

Our records also indicate that in the past you were certified for the following health condition(s) as covered for treatment benefits:

Date of Certification	Condition Category on List of WTC-Related Health Conditions*	Certification Category or Injury
09/20/2014	Aerodigestive	Gastroesophageal Reflux Disease Please contact your WTC physician for specific information

* As listed in the James Zadroga 9/11 Health and Compensation Act of 2010 and/or 42 C.F.R. § 88.1

The WTC Health Program will only provide payment for medically necessary treatment(s) authorized by your WTC Health Program physician for your certified health condition(s) by a WTC Health Program participating provider.

If you would like more information or believe that a health condition is missing, incorrect, or should be removed, please discuss this with HHC at 212-562-1720. If the information in this letter is correct, no further action is necessary.

If you have any other questions, you may contact the WTC Health Program at 1-888-982-4748 Monday through Friday, 9 AM to 5 PM (Eastern Time Zone).

Sincerely,

A handwritten signature in black ink, appearing to read "J. Howard". The signature is fluid and cursive, with a large initial "J" and a stylized "H".

John Howard, M.D.
Administrator, World Trade Center Health Program

Copy to: Director, Clinical Center of Excellence



September 11th
Victim Compensation Fund

February 12, 2016

SHANNON REYNOLDS
C/O MICHAEL BARASCH
BARASCH MCGARRY SALZMAN & PENSON
11 PARK PLACE 1801
NEW YORK NY 10007-2811

Dear SHANNON REYNOLDS:

The Special Master has determined that you have been appointed as the Personal Representative for the claim filed on behalf of MARY REYNOLDS and the September 11th Victim Compensation Fund ("VCF") will move forward with the review of your claim. The claim number is VCF0079577.

As the Personal Representative, you are responsible for submitting all materials necessary for the VCF to process the claim. This includes information and documents needed to determine the decedent's eligibility and to calculate the appropriate compensation under the terms of the Statute and Regulations.

The Personal Representative is also responsible for assuring that any compensation received from the VCF on behalf of the deceased individual is distributed to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master. Please see Frequently Asked Questions ("FAQs") #5.1 - #5.5 and #8.11 on the www.vcf.gov website for more information.

When submitting the Compensation Form for Deceased Individuals, you are required to propose a distribution plan. If there is a bona fide dispute over the proposed distribution plan, the Special Master is not required to arbitrate, litigate, or otherwise resolve any such dispute. In these situations, the Special Master will, if sufficient information is provided, calculate the appropriate compensation amount and authorize payment, but will hold any payment until the dispute is resolved. If the dispute cannot be resolved by agreement of the various parties, the Special Master may deposit the award into your account (as the Personal Representative) or into a court supervised account while the dispute is adjudicated by a court of competent jurisdiction.

The VCF will inform you if any additional documentation is needed in order to process your claim.

If you have any questions regarding your claim, please call the VCF toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100. Every effort will be made to respond to your application and/or inquiries as soon as possible.

Sincerely,

P.O. Box 34500, Washington, D.C. 20043
VCF0079577PR0212161C



September 11th
Victim Compensation Fund

Sheila L. Birnbaum
Special Master
September 11th Victim Compensation Fund



September 11th
Victim Compensation Fund

July 18, 2018

SHANNON REYNOLDS
4193 HYLAN BOULEVARD
STATEN ISLAND NY 10308

Dear SHANNON REYNOLDS:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on February 27, 2018 notifying you of the decision on your claim and the amount of your award. Your claim number is VCF0079577. That letter included a request for documents that were missing from your claim and are required in order to process your payment. The VCF has since received the requested documents and this letter provides the details of your award and information on the next steps to be taken on your claim.

Based on the information you submitted, the VCF has calculated the amount of your eligible loss as \$898,182.00. This determination is in accordance with the requirements of the Reauthorized Zadroga Act. The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions included in this determination.

Under VCF regulations, non-economic loss for dependents is awarded to persons who legally could have been identified by the victim on his or her Federal tax return for the year prior to the year of the victim's death. Based on the evidence you submitted, it appears you would not have qualified as your mother's dependent under IRS regulations.

Expenses that you suffered due to the loss of Ms. Reynolds' support are not compensable by the VCF. Information about claiming replacement services can be found in section 2.4 of the "Policies and Procedures" document, under "Forms and Resources" on the www.vcf.gov website. The website also includes detailed instructions on how to amend your claim.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

What Happens Next

The VCF will deem this award to be final and will begin processing the payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization



September 11th
Victim Compensation Fund

document you submitted to the VCF.

- **Appealing the Award:** You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated or if you believe you can demonstrate extraordinary circumstances indicating that the award does not adequately address your claim. **If you choose to appeal, your payment will not be processed until your appeal has been decided.**

To request a hearing, you must complete and return the enclosed Compensation Appeal Request Form **and** Pre-Hearing Questionnaire no later than **30 calendar days** from the date of this letter. The VCF will notify you in writing of your scheduled hearing date and time and will provide additional instructions to prepare for your hearing. If both forms are not submitted with complete information within 30 days, you have waived your right to appeal and we will begin processing your payment.

- **Amending your Claim:** You may amend your claim in the future if your circumstances change and you have new information to provide to the VCF. For example, you may amend if the WTC Health Program certifies additional physical conditions for treatment, if you have information in support of your claim that was not submitted to the VCF when your award was determined and that you believe would affect the amount of your award, or if you have incurred additional economic loss due to an eligible condition. The VCF will review the new information and determine if it provides the basis for a revised decision. Please see the VCF website for additional details on how to amend your claim and the specific circumstances that may be appropriate to request an amendment.
- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the www.vcf.gov website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the Reauthorized Zadroga Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.



September 11th
Victim Compensation Fund

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: MICHAEL BARASCH



September 11th
Victim Compensation Fund

Award Detail

Claim Number: VCF0079577
Decedent Name: MARY REYNOLDS

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
Lost Earnings and Benefits	
Loss of Earnings including Benefits and Pension	\$0.00
Mitigating or Residual Earnings	
Total Lost Earnings and Benefits	\$0.00
Offsets Applicable to Lost Earnings and Benefits	
Disability Pension	\$0.00
Social Security Disability Benefits	\$0.00
Workers Compensation Disability Benefits	\$0.00
Disability Insurance	
Other Offsets related to Earnings	\$0.00
Total Offsets Applicable to Lost Earnings	\$0.00
Total Lost Earnings and Benefits Awarded	\$0.00
Other Economic Losses	
Medical Expense Loss	
Replacement Services	\$0.00
Total Other Economic Losses	\$0.00
Total Economic Loss	\$0.00
Total Non-Economic Loss	\$250,000.00
Subtotal Award for Personal Injury Claim	\$250,000.00



September 11th
Victim Compensation Fund

DECEASED CLAIM (Losses from Date of Death)	
Loss of Earnings including Benefits and Pension	\$390,045.00
Offsets Applicable to Lost Earnings and Benefits	
Survivor Pension	
SSA Survivor Benefits	
Worker's Compensation Death Benefits	
Other Offsets related to Earnings	
Total Offsets Applicable to Loss of Earnings and Benefits	\$0.00
Total Lost Earnings and Benefits Awarded	\$390,045.00
Other Economic Losses	
Replacement Services	
Burial Costs	\$8,137.00
Total Other Economic Losses	\$8,137.00
Total Economic Loss	\$398,182.00
Non-Economic Loss	
Non-Economic Loss - Decedent	\$250,000.00
Non-Economic Loss - Dependent(s)	\$0.00
Total Non-Economic Loss	\$250,000.00
Additional Offsets	
Social Security Death Benefits	
Life Insurance	\$0.00
Other Offsets	
Total Additional Offsets	\$0.00
Subtotal Award for Deceased Claim	\$648,182.00



September 11th
Victim Compensation Fund

Subtotal of Personal Injury and Deceased Claims	\$898,182.00
PSOB Offset	
Prior Lawsuit Settlement Offset	\$0.00
Previously Paid Personal Injury Award	
TOTAL AWARD	\$898,182.00
Factors Underlying Economic Loss Calculation	
Annual Earnings Basis (without benefits)	\$39,740.10
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

Eligible Conditions Considered in Award	
Disseminated Malignant Neoplasm	
Esophageal Reflux	
Esophagitis	
Other Malignant Neoplasm of Unspecified Site	

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STATEN ISLAND
UNIVERSITY HOSPITAL
475 SEAVIEW AVENUE
STATEN ISLAND, NEW YORK 10305

DISCHARGE SUMMARY

NAME: REYNOLDS, MARY

MEDICAL RECORD NO: [REDACTED] Acct Num: [REDACTED]

ADMISSION DATE: 10/08/2014

DISCHARGE DATE: 10/22/2014

ATTENDING: MEEKOO DHAR, MD

ADMITTING DIAGNOSIS:

Small bowel obstruction, secondary to peritoneal carcinomatosis.

DISCHARGE DIAGNOSES:

HISTORY OF PRESENTING ILLNESS:

She is a 51-year-old female with a known history of adenocarcinoma of her lung primary with progressive disease, who presented with abdominal pain, nausea, vomiting, unable to tolerate p.o. diet of one-week duration, and complete constipation.

PAST MEDICAL HISTORY:

Significant for having bipolar disease, gallstones, hypertension.

PAST SURGICAL HISTORY:

Hysterectomy, colon resection, hernia repair.

FAMILY HISTORY:

Nonsignificant.

SOCIAL HISTORY:

Nonsignificant.

ALLERGIES:

She is allergic to lithium.

MEDICATIONS:

Currently, the patient was on lamotrigine, lorazepam, sertraline, methadone, trazodone.

REVIEW OF SYSTEMS:

Negative for chest pain, shortness of breath, cough, headache.

PHYSICAL EXAMINATION:

Her vitals were as follows; blood pressure 162/97, pulse rate 110, respiratory rate 12, temperature 98.6. Her abdomen was distended, it was soft to firm. Had tenderness but no guarding or rigidity. Extremities were without any edema. Her physical examination was within normal limits.

LABORATORY DATA:

On admission, her labs showed sodium of 124, potassium of 6.3 which was hemolyzed, chloride of 90, bicarb of 24, BUN and creatinine of 7/0.48. Glucose of 112. White count was 10, hemoglobin was 14, and platelet count of 343. Her LFTs were normal besides AST was 71, lipase 18.

Her CA125 from 08/2014 was 72, CA19-9 from 08/2014 was 1850, CEA was 19.3 which

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NAME: REYNOLDS, MARY

MEDICAL RECORD NO: [REDACTED]

Acct Num: [REDACTED]

were all trending upwards as compared to the one done in 07/2014.

DIAGNOSTIC DATA:

Her CAT scan, given IV contrast, showed partial bowel obstruction with addition of peritoneal implants and hepatic metastasis. Overall unchanged and there was 2 x 2 left upper quadrant peritoneal implant.

CONSULTANTS:**PROCEDURES DURING THIS ADMISSION:****HOSPITAL COURSE:**

The patient was admitted with a diagnosis of small bowel obstruction. In the past, she had received a complete course of carbo/Taxol. She progressed and then she also received three cycles of gemzar. Following which she progressed as well. In the hospital, she was kept n.p.o. on IV fluids. NG tube was attempted to place twice but without the failure. Pain Management consult and surgical consult were placed, and a nutritional consult was also obtained. On hospital day #4, she underwent exploratory laparotomy with lysis of adhesions, placement of gastrostomy tube for decompression, but however, on entering the abdomen, the patient had multiple implants of the tumor in the anterior abdominal wall in left upper quadrant. However, the obstruction could not be removed, and the patient was monitored postoperatively. Her postop course was complicated by severe abdominal pain, for which she was placed on PCA pump.

She also had some breathing difficulties with saturation at about below 90s. She was treated for possible pneumonia, and the patient later improved with treatment with Levaquin. However, she continued to require high amounts of analgesics. She was also placed on TPN for nutritional support. The patient was able to eat, and there was a placement of entering gastrostomy which decompressed the abdomen. However, chemotherapy with Abraxane was planned, but the patient did not seem ready for the chemotherapy, and chemotherapy was delayed. The patient had tachycardia, she desaturated to 70s, when she was transferred to CCU. At that time, her DNR/DNI was obtained. The patient had profuse vomiting as well as it seemed that her gastrostomy tube had a profuse amount of output, which could have been from the perforation of her belly. The patient's heart rate dropped, and subsequently, the patient expired at about 10:30 a.m. The family was at the bedside. However, they knew that the prognosis had been poor.

DISCHARGE MEDICATIONS:**DISCHARGE DISPOSITION:**

The patient expired in the hospital.

DESCRIPTION OF PROCEDURE:

MEEKOO DHAR, MD

DICTATED BY: SHIKSHA KEDIA, MD

V BMSUK T/V BMMAH P J: 2104066 D: 11/03/2014 T: 11/03/2014

DatTim: 11/03/2014 2333

Authenticated and Edited by MEEKOO DHAR, MD On 1/21/15 1:43:35 PM